

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P93000051720

1. Corporation Name
CAL-FORM, INCORPORATED

Principal Place of Business
110 TIMBERCOVE CIRCLE SOUTH
LONGWOOD FL 32779

Mailing Address
110 TIMBERCOVE CIRCLE SOUTH
LONGWOOD FL 32779

98 APR 13 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/21/1993	
City & State	City & State	5. FEI Number	
Zip	Country	59-3197121	Applied For
	Zip		Not Applicable
	Country	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CEO	COATOAM, GARY	110 TIMBERCOVE SO	LONGWOOD FL
P	COATOAM, SHARON COATOAM	110 TIMBERCOVE SO.	LONGWOOD FL
		700002490647	4 -04/16/98-01054-024
			****908.75 ****908.75
		REINSTATEMENT	97-98
			<i>G. Alvin</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAMES, LAURENCE C
890 N. ORANGE AVE
SUITE 2500
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Sharon Coatoam

REGISTERED AGENT MUST SIGN

Date

3/16/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes No

(See other side for information
on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Sharon Coatoam*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/98

407-788-7977

Date

Daytime Phone #